

Pursuant to LSA-R.S. 49:75G(2)(a), an employer or principal of a tobbyist may elect to file the Lobbying Expenditure Reports as required by Title 49 on behalf of all of its lobbyists. The designation form is to be completed and submitted by January 31° of each

required by Title 49 on beh year. This designation will a listing of all persons for we such reports and for receiv may render your designation	nalf of <u>all</u> of its lobbyists. The designation form is to be continued to be effective for the reporting of all expanditures made during that calenda whom you will be reporting. Also, please list a contact person who will be ling any correspondence regarding reporting deadlines and late feas. Failure on Ineffective.	r year. This form must include responsible for completing re to fully complete this form
Hand deliver or mail to:	2415 Quall Drive, 3rd Floor, Batom Rouge, LA 70808	
Fax to: (225) 763-878	7 or (225) 753-8780	FOR OFFICE USE ONLY
1. EMPLOYER/PRINCIPA	RICHARD WINGET	Postmark Date OS 144 Co
2. BUSINESS ADDRESS 5	DO ARCOLA RD. COLLEGEVILLE PA. 1942. Street and No. City State Zip	3060931
MAILING ADDRESS_	Street and No. City State Zip	
a. CONTACT PERSON:	CAPONI SAMES MI	7) P. S.
<ol> <li>MAILING ADDRESS_ (If different from above)</li> </ol>		
	484-865-4757 Area Code and Phone Number	
P. PAX MOMBER	484-865-4277 Area Code and Fax Number	
	no are employed by or who represent the interests of the Principal listed a	bove:
7. Names of Lobbyists Wi	III are dishroken of an area con-	EXEC.ID.#\08
1) Name: <u>H ( 22.5</u>	S BE7H MI	
700 (	UE BARRY	EXEC.ID.#_124
2) Name: <u>764-6-1</u>	First	127
3) Name: Woul	Jeeey	EXEC.ID.#
3) Name: Last	Firsk M1	

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THE RESERVE OF THE PARTY OF THE		1	
	150		EXEC.ID.# 100
4) Name: GUILLORY Last	First	MI	
LASS CELC	KATHY		EXEC.IO.#_105
5) Name: MAFEI	First	MI	EXEC.ID.# 116
6) Name: ANDERSON	C <u>HAO</u>		
Lest.	<u> 00371N</u>		EXEC.ID.#
7) Name: GRADY	First	MI	۱۵۵
LEST	JENNY_		EXEC.ID.# CX
8) Name: 34.55	First	MI	EXEC.ID.#121
9) Name: MARASCO	FRANK Fire	Mi	
	BRANDIE		EXEC.ID.#
10) Name: WATKINS	First	ηl	
Last		,	
Pursuant to LSA-R.S.	49:76G(2)(a),Name of	Employer of Princi	pal a Johnvind expenditures
is exercising the optic	Name of on of filling expenditure reports	for all executive	-
	thy persons representing my/it	s interests durin	gins year or
made on myrics bernar	the Information contained her	ein is true and	correct to the best of my
I hereby certify that	the Information Condition		ead by 1 SA-R.S. 49:71 et
knowledge, informa	tion and belief; and that no inf	ormation requi	(61 b) box 1 m
seq. has been delibe	,		
seq. has been dame	/		
	/		_
	Signature of Employer/Principal	or Representative	
	Print or Type Full Name		
	Page 2 of	14	
Form 506, Rev. 7/04	,	• •	

Form 506, Rev. 7/04

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EXEC.ID.#

EXEC.ID.#

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4)	Name:_	HASTINGS	COREY		EXEC.ID.#	28
		Last	First	MI		
5)	Name:_	GALDERARD	AUGUST		EXEC.ID.#	<u> </u>
		Lagt	First	MI		•
6)	Name:_	SMITH	KAREN		EXEC.ID.#	110
		Last	First	MI		
ת	Name:_	KILCLINE	VICKIE		EXEC.ID.#	117
		Last	First	MI		•
8)	Name:_	ROUBLEAU	ANDREAH		EXEC.ID.#	118
			First	MI		
9)	Name:_				EXEC.ID.#	
-		Last	First	11/1		
10)	Name:				EXEC.ID.#	
		Last	Fire	MI		

Pursuant to LSA-R.S. 49:76G(2)(a), PICHARD WINGET

Name of Employer or Principal
is exercising the option of filling expenditure reports for all executive lobbying expenditures
made on my/its behalf by persons representing my/its interests during the year of 2005.

I hereby certify that the information contained herein is true and correct to the best of my
knowledge, information and belief; and that no information required by LSA-R.S. 49:71 et
seq. has been deliberately omitted.

Signature of Employer/Principal or Representative

Print or Type Full Name

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